

October 15, 2018

Alabama Interagency Autism Coordinating Council Membership Application

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child 18 years of age or younger with ASD, one parent or guardian of an adult 19 years of age or older with ASD, five service providers, and one health insurance representative. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. Each member may serve up to two consecutive three-year terms. The AIACC Bylaws & Membership Committee reviews applications and submits them to the Governor for review and appointment. Applicants will receive notice of receipt of your application packet.

Applications for the following position are due Friday, November 16, 2018:

In order to be considered for a seat on the Council, you will need to include the following in your Application Packet:

-Membership Application Form--Letter of Recommendation-

Incomplete Application Packets will not be considered.

Submit Application Packet via email to anna.mcconnell@mh.alabama.gov.



Alabama Interagency Autism Coordinating Council Membership Application

Name:		
City:	State:	Zip:
Email:	Prefer	red Phone:
Alternate Phone:	Fax (it	fapplicable):
Race:White	Black or African American	Hispanic or Latino
Asian	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander
Gender:Male	Female	
Describe the area where	e you live:UrbanRural	
For which membership	category of the AIACC are you applying?	?
	of a child 18 years of age or younger with mployer:	ASD (What is your child's age?) Job Title:)
(Ge	ographic Area Served:)
I am interested in servir	ng on the Council because	

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My experience and qualifications include (may include any educational or training experience):
What knowledge and skills would you bring to the Council?
Can you commit to consistent attendance at Council meetings, scheduled quarterly?
Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work? _
*If you are applying for a Service Provider seat:
Does your employer support your participation?
What is your current job description?
You may add additional pages to your Application Form if this page does not provide sufficient space.
-A Letter of Recommendation must be included in your Application Packet
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